

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
NICKEL		ROBERT	C.	373-2709
MAILING ADDRESS (Street)				FAX
2301 HALAKAU ST				—
(City)		(State)	(Zip Code)	
HONOLULU		HI	96821	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
N/A				—
MAILING ADDRESS (Street)				FAX
—				—
(City)		(State)	(Zip Code)	
—		—	—	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HAWAII ASSOCIATION OF HEALTH PLANS			—
MAILING ADDRESS (Street)			FAX
% HOWARD LEE, UHA-700 BISHOP ST. S. 300			—
(City)		(State)	(Zip Code)
HONOLULU		HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
HOWARD LEE			582-2526
MAILING ADDRESS (Street)			FAX
700 BISHOP ST., SUITE 300			—
(City)		(State)	(Zip Code)
HONOLULU,		HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

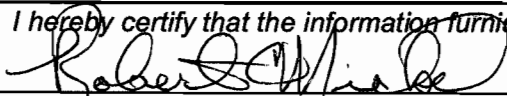
Planning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

2/10/06
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

RICHARD (RICK) JACKSON

PRESIDENT

NAME OF ORGANIZATION (if applicable)

HAWAII ASSOCIATION OF HEALTH PLANS

TELEPHONE

522 7524

MAILING ADDRESS (Street)

% HOWARD LEE - UHA 700 BISHOP ST. S-300

FAX

—

(City)

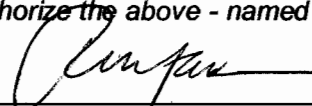
HONOLULU

(State)

HI

(Zip Code)

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

2/10/06

(Date)